

P-561 301 939

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 153-506

PS Form 3800, June 1985

Sent to	
Mr. Mike Adams	
Street and No	
600 Morgan Street	
P.O. State and ZIP Code	
Keokuk, IA 52632	
Postage	S
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	S
Postmark or Date	

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.	
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. <u>The return receipt fee will provide you the name of the person delivered to and the date of delivery.</u> For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.	
1. <input checked="" type="checkbox"/> Show to whom, date and address of delivery.	
2. <input type="checkbox"/> Restricted Delivery.	
3. Article Addressed to. Mr. Mike Adams Kast Metals Corporation P.O. Box 887, 600 Morgan Street Keokuk, Iowa 52632	
4. Type of Service	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P 561-301-939
Always obtain signature of addressee or agent and DATE DELIVERED	
5. Signature - Addressee X <i>Anna Sauer</i>	
6. Signature - Agent X	
7. Date of Delivery 9/23/87	
8. Addressee's Address (ONLY if requested and fee paid)	

DOMESTIC RETURN RECEIPT

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30279648



Superfund

0400

9/23/87